

SELF- DECLARATION OF UNEMPLOYMENT

| Ι, | , hereby affirm that I am no longer |
|--|--|
| Employed with | |
| Located at | |
| Phone #: | |
| My last employment date was The employer did not provide a separation notice. | |
| | |
| I, the undersigned, hereby affirm the authenticit accompanying documentation. | ty of all information provided in this affidavit and |
| | separation from the job. I understand that any, or documents provided to support this affidavit, in from the Housing Choice Voucher Program. If concealed facts, I may be subject to permanent |
| Signature | Dat e |
| | illfully false statements made herein may result in 1310, which states that convictions of false swearing shall sonment for not less than one or more than five years, or |
| Subscribed and sworn to before me thisday of _ | , 20 |
| Notary Public: | |
| Commission Expires: | |